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LECTURES ON THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE LUNGS.

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LECTURE XIII.—(*Continued.*)

PHTHISIS—TREATMENT.

The treatment specially intended to prevent the growth of tubercles being very limited in its action, we are obliged to resort to collateral measures, which act rather upon the intercurrent diseases which favour the development of tubercle, than upon this product itself. These intercurrent diseases are for the most part of an inflammatory character, and, as already mentioned, precede or accompany the tuberculous deposit. Those which precede it do not require any special treatment; but we must watch their termination, for the greatest danger is to be feared just at their close. Hence, in long-protracted inflammations of the larynx, trachea, or bronchial tubes, and in severe or repeated attacks of pleurisy, the treatment should be continued until the disease entirely disappears, and the restoration of the patient to his former health is complete.

The intercurrent inflammations of the chest are more difficult to manage, because the tuberculous matter is actually developed, and the directly antiphlogistic treatment must be less continued. Of these inflammations the most common is that of the bronchial or tracheal mucous membranes; most of the tickling and cough depends upon this, and a large portion of the sputa comes from the same source; hence, the patient is solicitous to quiet the irritation, and the physician is constantly tempted to resort to opiates and other palliatives. It is often necessary to give opiates,—that is, if the patient is unable to sleep, the cough must be allayed; and if the tickling and irritation be incessant during the day, it is necessary to quiet them. Still opiates are essentially disadvantageous, and in most cases they should only be resorted to if other means fail, and then in small doses, so as to preserve the stomach in as healthy a condition as possible. Hyosciamus is preferable with many patients to opium; that is, if it tranquillizes the cough—for it will not do so always; a mixture may be made of an ounce of the syrup of Tolu, the same quantity of the syrup of senega, and six grains of hyosciamus, with four ounces of gum arabic mucilage. Half an ounce of wine of ipecacuanha may be advantageously substituted for the syrup of senega in many cases, especially if there be much fever. This quantity may be taken in the course of three days, a dessert spoonful at a time. In this dose it is well to watch the effects of the hyosciamus, for at the end of one or two weeks it will occasionally produce some symptoms of narcotism. The opiates most used are the salts of morphia and the elixir of paregoric; on the whole, the former are preferable, but the quantity should not exceed a quarter or a third of a grain in the twenty-four hours: with many patients it is best to give a small quantity of morphia at night, without any other substance, but in most instances the cough is soothed by a combination of a mucilaginous vehicle and of an expectorant. As expectorants, we may use the syrups of senega, or ipecacuanha, or antimony; the latter is best fitted for those cases in which there is much fever, and in many instances no inconvenience follows,—in others the stomach rejects all remedies of this class. There is, in fact, no expectorant used in the treatment of bronchitis which may not occasionally be given in phthisis; even the balsam of copaiva is sometimes of great benefit when there is much chronic bronchitis and but little fever or gastric irritability. In most cases, however, it is much too irritating.

Venesection is rarely requisite in pneumonia attending consumption, and is almost never indicated in bronchitis. Cupping is, however, of signal benefit in the treatment of both inflammations. Pneumonia in most cases does not need any other remedy; where an internal medicine is necessary, minute doses of tartarized antimony are much to be preferred to large ones, or to mercurials.

The treatment of pleurisy is more difficult.

The intimate relation of this disease with phthisis has already been explained, and it seems a matter of more urgent necessity to remove it completely at as early a period as possible. For this purpose the usual antiphlogistic measures are indicated at the beginning of the disease, with small doses of antimony and opium, or Dover's powder, or one of these remedies combined with digitalis, according to the strength of the patient. After the acute stages have passed off, the surest remedy is the repeated application of small blisters to the affected part from two to three inches square, so as to keep a continual counter-irritation, by changing the place of their application, and renewing them as often as they heal. Large blisters are better adapted to the acute than the chronic forms of pleurisy. It is often a question whether mercurials should be given under these circumstances; it is true that they produce an injurious effect upon phthisis proper; but when the inflammation of the serous membranes predominates very much over the scrofulous or tuberculous type peculiar to the disease, mercury may be given with discretion. That is, the circumstances proper for its employment are almost limited to the pleurisy of commencing phthisis; it does not seem to matter much whether the pleurisy be of that variety in which the tubercles are developed in the serous membrane, or whether they are formed afterwards in the substance of the lung. If we decide upon giving mercurials, they must be limited to very small doses, and should be given for a short time only, never producing ptyalism.

The other intercurrent inflammations must be treated as the same disorders would be if in an uncomplicated state. But gastritis and hæmoptysis, or tracheitis, require a passing notice. If the gastritis occur in a healthy individual in whom phthisis afterwards declares itself, there is nothing special in its management, but it often occurs in those who have previously offered the signs of a scrofulous diathesis, and is then difficult to treat. We must then look to the constitutional character of the disorder, and must place the patient upon general alteratives, especially the hygienic, as a sea-voyage or a journey, while we resort to the usual treatment for dyspepsia.

Laryngitis is often a mere symptom of phthisis; and if it occur in its advanced stage, opiates will scarcely succeed in palliating the distress which is caused by it; the difficulty of deglutition, and the uneasy feeling at the throat, often constitute one of the most disagreeable symptoms of advanced phthisis. But the commencing laryngitis is sometimes arrested readily enough when no tubercles are yet developed. Repeated, but small applications of leeches, followed by frictions with iodine ointment, and the internal use of the solution, are the most important means. A blister behind the neck is much less certain; sometimes it is applied in front of the larynx, but little benefit results from it except in the early stages. I have not used nor seen employed the cauterization of the larynx, by injecting a solution of nitrate of silver into it from a small syringe more than half full of air, so as to break the little stream into numerous fine drops. Dr. Trousseau gives some favourable accounts of its success; but I am not inclined to think that it is applicable to many cases. The pharyngitis which sometimes precedes phthisis, is more easy of cure, and requires local alteratives with a general tonic treatment. When the disease is nearly removed, cold alteratives of the neck and upper parts of the breast are the best means for preventing its return.

There are many symptoms in phthisis which are not connected with proper inflammations, but may reach a sufficient degree of intensity to require special treatment. These are the diarrhœa, hectic fever, and night sweats. Diarrhœa and dysentery often result from proper inflammation of the bowels, and are then nearly similar to the same disease as it occurs under ordinary circumstances. But diarrhœa assumes two other forms; it may be the proper tuberculous diarrhœa, which follows the softening of this substance in the follicles of the intestines, especially the glands of Peyer, or the colliquative diarrhœa, which occurs late in the disease, and sometimes carries the patient off very rapidly. The former variety of diarrhœa may be palliated by small doses of opiates; the latter requires the same treatment, but with less prospect of success; for when colliquative diarrhœa supervenes in the last stage of phthisis, it is almost always fatal. The astringents may be advantageously combined with opiates, especially kino, and given in small quantities, if the tongue is not dry and red, and they are not productive of gastric uneasiness.

If the diarrhœa is moderate, and the pectoral symptoms have abated upon its occurrence, it is better to abstain from any active medicines, as the discharge is then to a great extent a natural drain, and more mischief would follow from its repression than could be compensated for by the temporary relief of the patient. At the beginning of the diarrhœa, small doses, as two or three drachms of the spiced syrup of rhubarb, will often relieve it.

The sweats, which are so frequent in phthisis, are extremely exhausting to the patient, and sometimes require special remedies. The sweating is sometimes connected with the irritative form of early phthisis, or follows the hectic, which occurs only in the advanced cases. In other cases the sweating is a termination of a febrile paroxysm, and is in itself a mode of relief to the patient; but as it is a cause of great depression, and often prevents sleep, we are often compelled to resort to some efforts to check it. Several external applications have been proposed with this view, such as bathing the skin with a solution of alum, or some other astringent application. They sometimes succeed; but any external application intended to suppress what may be considered as a natural discharge, is fraught with danger; and whether this be sweating or the secretion from a cutaneous eruption, it should, if possible, be avoided. It is much better to use no external means, other than rendering the clothes as light during the period of fever as they can be made with safety to the patient. Another useful means of moderating the night sweat, is anticipating it. That is, the patient may take a hot pediluvium early in the evening, while he is still labouring under fever, and then go immediately to bed. The sweat will generally follow, and he should rise as soon as it diminishes and change his linen, and, if possible, the sheets of the bed. In this way he is almost sure of obtaining some hours of refreshing sleep. This remedy, however, like all others under similar circumstances, will fail after a time. The internal remedies used for the same purpose are notoriously uncertain. In fact, their administration is almost entirely empirical, and the most opposite medicine will sometimes succeed. That is, a remedy which produces a certain action upon the secretion of the gastric mucous membrane has generally a reciprocal action upon the cutaneous surface, and very different substances applied to the gastric membrane have the power of so modifying the condition of the whole body, that sweating is for a time suppressed. The most used of these remedies are the acids and alkalies, especially the former. The nitric or sulphuric acids are generally preferred to any other, especially the elixer of vitriol or aromatic sulphuric acid; this should be given in doses of from ten to twenty drops two or three times daily, either in some sweetened water, or in an infusion of the bark of wild cherry. Sometimes this remedy is disagreeable to the stomach, and produces various ill-defined sensations; it should then be discontinued, and a remedy of an opposite kind resorted to. The alkalies often answer well in such cases, especially lime water, with milk, in various proportions, as may be found to suit best with the stomach of the patient. This combination may be taken with some simple biscuit as a suitable article of food, when the stomach digests with difficulty. It should not, however, be used merely as an article of food, but be taken at different times throughout the day. Although it may seem singular that alkalies and acids are both of occasional benefit in the treatment of phthisis, yet it is what is often observed in ordinary cases of dyspepsia, in which the condition of the membrane of the stomach is not very dissimilar to that in phthisis, and the same causes which render these different remedies of service in the former case, appear to do so in the latter. At least this is the most reasonable explanation.

The chills of hectic fever are often extremely severe, and occur with such regularity that the sulphate of quinine has naturally enough been proposed as a remedy. Given in doses of from two to six grains before the expected chill, it will sometimes arrest it; in other cases it fails entirely, and is rather irritating to the patient than the contrary. In most cases the best treatment is to palliate the hectic by simple attention to warmth and other hygienic circumstances at the time of the paroxysm.

ORIGINAL COMMUNICATIONS.

Case of Utero-Vaginal Rupture. By JAMES F. WILSON, M. D., of Wilmington, Del.

On Saturday, the 13th of March last, I was called to see C. D., aged 26, in labour with her third child. She had been complaining

during the whole of the day before, but her pains were so slight that she did not take to her bed until a few hours before I saw her; which was about eleven o'clock on the morning of the 13th. Her pains at the time were not very severe.

On making an examination per vaginam, the os uteri was found to be but partially dilated, although it was very easily dilatable. As the membranes protruded very much, they were ruptured. The pains, however, did not increase; and as the os uteri was easily dilated, and the external parts disposed to yield, I gave her ten grains of the Secale Cornutum, which evidently increased the force of her pains. These effects soon passed away; the dose was repeated, and shortly after she had a few very severe pains. From this time the action of the uterus gradually declined, until about four o'clock, when it had almost entirely ceased. I now called on my friend Dr. Porter, and requested him to see the patient with me. We found the os uteri less dilatable than it was in the morning, and it was the opinion of both Dr. P. and myself, that the case demanded bleeding. Accordingly a vein was opened, and about eight ounces of blood taken, when we found the pulse becoming weak and frequent. Four hours after this (half past nine, P. M.) the os uteri was more dilated, but the pains were still weak and inefficient. We ordered an anodyne and left her, requesting her attendant to call us if she thought our presence would be required before we returned.

Sunday, nine o'clock, A. M. Passed a very restless night, having complained much of pains, but few of which the patient thought efficient. At this time she was almost entirely without pain. Examination per vaginam showed that the os uteri was fully dilated, and that the child had advanced from three-fourths of an inch to an inch beyond the situation it occupied at the last examination. It was now very evident that the breech was the presenting part, the spine of the child corresponding to the symphysis pubis, and the feet to the sacrum. Several ineffectual attempts were made to bring down the feet by the hand. Ergot was again administered, but did not produce the least effect.

Early in the afternoon we requested that Dr. Askew should see the patient with us; and in consultation it was agreed that the safety of the woman demanded that she should be delivered as soon as possible, and by the aid of instruments. Accordingly, Dr. Askew proceeded to bring down the feet by means of the blunt hook. This was very difficult to accomplish, and required a great degree of force. The right foot was first brought down, and shortly after the left; the body was soon expelled, and the arms brought down. The vertex now offered to the symphysis pubis and the forehead to the sacrum.

The patient was by this time so much exhausted that it was thought necessary to resort to the use of stimulants, and to leave her as just described till she should revive. At six o'clock, P. M., she was still very weak. The head could not be delivered by the forceps, consequently it was brought away by the crotchet, which was placed in the left temporal bone, directly over the mastoid process. The delivery of the head was extremely difficult. There was not the least subsidence of the abdominal tumor, until the delivery was nearly completed.

There was no very great loss of blood during the delivery; the womb contracted, the placenta was soon brought away and the tampon applied.

The patient was now moved to another part of the bed, when she was found to be almost pulseless. The use of stimulants was commenced immediately, and by ten o'clock there was considerable arterial action; the woman was easy and comfortable.

Monday 15th, 9 o'clock, A. M. We found her quite cheerful; complains of nothing. Rested very well last night, having complained of pain but twice; but was troubled more frequently with cramp in her legs. Pulse full and soft.

5 o'clock, P. M. Delirium, with very weak and frequent pulse. She continued to sink, and died about eight o'clock.

Autopsy, eighteen hours after death. The examination was made in the presence of several medical gentlemen. The abdomen was enormously distended. The fundus of the uterus was about half way between the pubis and the umbilicus. On making an incision through the linea alba, a great quantity of very fœtid gas escaped. In the lower part of the abdomen the peritoneum over the uterus was considerably injected. The redness was in patches of from two to three lines in circumference, with intermediate portions of this membrane in an uninjected state. There was no effusion of lymph. In the cavity of the peritoneum there were considerable effusion and coagula of blood. The most important appearances found on dissection were a deformity of the pelvis and a laceration of the uterus. The projection of the sacrum reduced the antero posterior diameter of the superior strait to three inches and a quarter. There was a transverse rupture of the left side of the neck of the womb, extending partly into the vagina; the laceration was about two inches and a half in length. That part of the anterior surface of the womb corresponding to the symphysis, presented somewhat the appearance of a bruise, and was easily torn by the finger. At this place, beneath the peritoneal membrane, there was an effusion of dark blood-like matter of several inches in extent; the womb, around the rupture, presented the same appearance. The thickness of the womb about the fundus was from an inch to an inch and a half; near the rupture about one inch.

The interior of the uterus was covered by patches of partly coagulated blood; when this was removed the inner face of the uterus was rough and presented a red appearance.

Before concluding the relation of this case, I would merely remark, that her preceding labours were of that slow and tedious class which require the use of ergot; and it is not improbable that, in one of them at least, instruments were used: certain it is, that in both cases the child was still-born.

It would be interesting to determine at what time the laceration occurred. We know that it may take place in any stage of labour, and from a variety of causes—but as those alarming symptoms which indicate this dreadful accident, such as violent screaming at the time of its occurrence, followed by vomiting of dark coloured fluid, ghastly countenance, oppressed breathing, fainting, &c., were all absent, I am at a loss to come to any satisfactory conclusion, with regard to the time at which the accident happened.

How are we to account for the apparent convalescence of the patient on the morning after her delivery? With restored strength, she had not the slightest appearance of fever; on the contrary, every circumstance of the case indicated a speedy return of her usual health.

On Compression of the Primitive Carotid Artery in Convulsive Diseases. By Dr. TRUDEAU, of New York.

My object here is not to speak of the compression of the common carotid trunk, or of its ligature in cases of organic derangement such as aneurismal tumours of the cervical region, of the eye, etc., but of the therapeutic use of compression in convulsive diseases, The subject is far from being a new one. but is hardly familiar to medical men,—so much so, that in 1837 Prof. Trousseau published in the Journ. des Connaissares Méd. Chirurg. some cases of arachnitis, in which this treatment was eminently successful. In the meantime, Messrs. Baudelocque and Malapert also came forward with some new facts, claiming the priority. Mr. Dezeimeris then published, to settle the difficulty, a paper in the Expérience, giving a complete history of the subject, and credit where it was deserved. According to him, the first paper on compression of the carotid was written by Parry, of Bath, and published in 1792 by the Medical Society of London. This physician speaks in warm terms of the suggestion, and advises that it be resorted to in those cases in which other remedies have been used without benefit to the patient. Parry acknowledges that he had been led by chance to the employment of this method.

It appears that in a case of accidental lesion of the carotid in which he was compelled to resort to ligature of the vessel, the patient was completely cured of a neuralgic affection of the face, which had baffled the skill of the most eminent physicians of the day. This fact induced him to apply compression in all the neuralgic affections, and it seems with more success than he anticipated.

M. Bland is the first who availed himself of the use of compression of the primitive carotids in meningitis; but he did not pursue his researches on this subject. Liston, who seems to have had no knowledge of Mr. Parry's work, published a case of an obstinate maxillary neuralgia, which was cured by ligature of the carotid. Preston, an English physician of Calcutta, tied the carotid with success in cases of epilepsy. But though M. Trousseau is not the originator, he has paid more attention than any one to this subject, and so far been more successful. Dr. Strochlin, my friend and fellow student, a pupil of Trousseau, and consequently full of the ideas of his master, wrote in 1840 an excellent inaugural dissertation on the employment of compression of the carotids in convulsive affections. So much for the literature of our subject, nothing else having been published since.

These last papers drew the attention of some of the profession to the advantages that might be derived from compression; unfortunately, however, the discovery did not attract much attention, and actually very few physicians know what immense advantage can be derived from it. My object here is not to give a full account of all the cases in which the above named authors have made use of this compression with more or less benefit. Those who are anxious to examine more deeply the subject, will refer to M. Dezeimeris's paper, and to Dr. Strochlin's thesis.

All the cases of convulsive congestion caused by a determination of blood to the brain, without any disorder, as softening, contusion, tumours, etc., are described by MM. Strochlin and Trousseau as immediately relieved by compression. Thus, in arachnitis, epilepsy, and neuralgia, it is deemed the most useful.

In those cases where the compression of the carotids prevents the access of blood to the brain, this organ is *immediately* thrown into an anemic state: and this effect is obtained much more quickly and more safely than by revulsion or depletion. The cerebral circulation is very much diminished, and the want of blood eventually destroys the irritation that had caused the rush towards the encephalon.

In epilepsy, especially, it seems to be particularly beneficial. Parry relates several successful cases. Mr. Earle, according to John Cook, met with similar results: M. Boileau, quoted by Dr. Strochlin, says, that having in a wound of the internal carotid artery, performed the ligature of the vessel on an epileptic patient, he was cured of his dreadful affection. Preston, of Calcutta, relates several cases of the same kind in which he effected a durable cure by the same means. So convinced is Prof. Trousseau of its efficacy that he has always

said that in case he or any of his children should be attacked with epilepsy, he would recommend the ligature of the vessel.

M. Strochlin, in his thesis, relates two cases in which compression of both carotids used to stop the epileptic fits almost immediately; and when practised before the attack, succeeded always in preventing it. The following case, which happened a few days ago in my practice, has convinced me of the real efficacy of compression.

Mr. C., 45 Dey-street, æt. fifty-one, a baker. Constitution debilitated by the nature of his trade and the use of ardent spirits; subject since the age of twelve to epileptic fits; three or five attacks during the course of the year; was seized with one of his fits while I was in the house attending another patient. I went immediately to his aid, and found him under a violent attack. Though not a vigorous man, several of his friends could hardly restrain him on his bed. I was told by his family that the attack lasted usually about forty minutes. I have always, when called to assist sufferers by the disease, deeply regretted the insufficiency of medical science, and now determined to give a fair trial to compression. I immediately applied my thumbs on the vessels of both sides, and effected an efficient compression. The face became pale almost immediately; convulsions were less and less violent; the fit was ended. I kept my thumbs strictly applied; the next fit did not occur; the patient recovered his senses and, as in all the cases related by the authors above quoted, complained of the pain caused by the pressure of my fingers. In this case an attack that used to last forty minutes, was stopped in less than ten minutes. Of course, this is but a single fact, and no conclusion can be drawn from it. But this fact, added to all those already published, is, I think, sufficient to direct the attention of the profession towards this powerful agent. Of course, I would never advise to resort to ligature of the carotid in cases of epilepsy. This disease is not yet known enough to justify such violent means, which, in case of failure, might throw some discredit on the physician. But compression can do no harm; it is simple and easily effected. The physician here, instead of folding his arms, or prescribing some vulgar remedy which cannot stop the convulsions, now has in his power to control completely the attack.

Why not employ compression in all the other neroses? In tetanus, to which some cases of epilepsy are so closely allied,—in hydrophobia, if a case of that frightful affection ever occurs to me, I am determined to resort to the ligature of the carotids. In this disease the patient being unavoidably doomed to death, the physician *must* resort to some other means than those proposed in books, which have constantly failed, and remain the opprobrium of science; and analogy here would be strongly in his favour.

In the hysteric fits which occur in pregnant women, and in all the epileptiform convulsions, classified by authors under the denomination of eclampsy, it is also highly serviceable. Dr. S. relates in his thesis cases in which the effect was astonishing. I never had occasion to try it in such cases, and therefore cannot speak from my own experience.

In meningitis and convulsions of children, its efficacy seems well established from Dr. S.'s observations. Several cases which have occurred lately in my practice have given me a fair chance of testing its efficacy, one of which I will briefly relate.

Case of Acute Meningitis—Convulsions prevented by Compression—Cure.

Caroline H., 68 Broome street, aged five; weak and disposed to scrofulous engorgements; born in America, of a German father and a French mother, in circumstances of life rather penurious. Had on the scalp an eruption of impetigo simulating the porrigo favosa. Her parents being anxious to rid her of the disagreeable disease, applied to a certain quack in high renown for the treatment of these diseases. A few days after the use of preparations of lead and frictions with the tar ointment, the eruption disappeared almost suddenly, and the same night the child was seized with chills of great severity, succeeded by a violent fever. Called the following evening. Two hours after I found the little sufferer in a state of torpor; pupils contracted; left eye squinting slightly inwards; does not recognise any one; groans; elevates her hands above her head. I was examining the pulse when the child was seized with violent convulsions. I immediately resorted to compression of both carotids, and kept my fingers applied for half an hour. The eye which squinted was righted in less than two minutes; convulsions diminished gradually; and had I not been compelled by fatigue to remove my fingers, I might have prevented another fit which occurred while we were leeching the child. I compressed again, and in a few minutes stopped the convulsive fit. The leeching was then ended, and blood allowed to flow freely. The following morning I heard that no fit had taken place. The child was in a state of collapse, but the convulsions did not occur again. An abundant pustular eruption, which was determined on the scalp by tartar emetic ointment, arrested the further progress of the disease.

This case seems to be strongly in favour of compression; though the other means which were used in the meantime, as bleeding, revulsives, and cathartics, and especially the restoration of the exanthema, had no doubt a more powerful influence towards the final crisis. Neither do I mean that compression alone ought to be resorted to. But here the effect produced on the convulsive motions is self-evident, and has undoubtedly contributed to the successful

termination of the case; and, besides, M. Trousseau's observations are also decidedly in its favour. This is not the only case of convulsions of children in which I have succeeded in arresting the fit. But the above case is, I think, better calculated to illustrate its effects.

It is almost unnecessary to mention that to obtain any favourable result from the use of compression, it is indispensable that it should be well practised. If any compression is made on the jugular vein, quite a different result than the one anticipated will occur. Compression is easily made on the common trunk of the carotid, on each side of the larynx, the artery being superficial, and applied on a solid plane of muscles resting on the cervical vetebræ. Instruments might be constructed so as to be used with great advantage on the fingers, especially in convulsions of children and meningitis, which require a long-continued pressure.

M. T. advises compression of the vessel on the side opposite the convulsions. In general convulsions, compression is to be made on the two vessels.

My object in publishing this paper is merely to induce those of our professional brethren under whose notice it may fall to try compression in all convulsive affections, and to publish their results for the benefit of science. From my own experience, I do not hesitate to say that it ought to take its place among the most powerful means we possess of combating these diseases. The subject is but little known; a vast field is open.

DOMESTIC.

The last number of the American Journal of the Medical Sciences contains another valuable series of statistical tables by Dr. Norris, derived from the practice of the Pennsylvania Hospital. From these tables we learn that the opinion generally entertained of the gravity of certain fractures, is not confirmed by a direct appeal to numbers. Thus, out of nineteen cases of fractured jaw, six died, or nearly one-third; while out of fifteen cases of compound fractured thigh, four were cured and one relieved, or nearly one-third again. These tables afford, therefore, additional proof, if additional proof were necessary, of the necessity of operating upon large masses of cases in order to arrive at just conclusions. They display, also, unfortunately, the loose and general manner of recording cases which, till a very late period, has prevailed in this, as in many other similar institutions.

"The entries being so made in the books of the institution that it is impossible in all cases accurately to ascertain whether the patient was admitted for simple or compound fracture, and for the same reason under the heads of fracture of the arm, and fracture of the leg, are included respectively, those of the fore-arm, either of one or both bones, as well as of the humerus, and of one or both bones of the leg. It is to be regretted that no record of the period required for the union of the different fractures treated, has been kept."

These omissions are not to be attributed to any remissness on the part of the officers, but to the fact that they were not till lately aware of the immense value of a detailed record of cases accurately kept for a succession of years. Had such a record been kept from the commencement of the institution, with the same care which is bestowed upon it at present, what a vast storehouse of facts would now be laid open to us? and what a variety of new truths might be culled from it? How much would the very statistics which we copy have been enhanced in value?

The tables of Dr. Norris, although compiled from books in which this deficiency of detail existed, are however very valuable. They give, as will be seen, statistics of 959 cases of fracture, and 94 cases of dislocation, treated in the Pennsylvania Hospital during 10 years—distributed as follows:

	Number.	*Cured.*	*Relieved or by request.*	*Died.*
1830.				
Fractured thigh	12	10		2
Fractured leg	21	20		1
Fractured patella	3	3		
Fractured cranium	3	2		1
Fractured spine	1		1	
Fractured ribs	4	4		
Fractured clavicle	10	7	3	
Fractured arm	27	25	1	1
Fractured fingers	1	1		
Total,	82	72	5	5
1831.				
Fractured thigh	18	17	1	
Fractured leg	25	22		3
Fractured patella	2	1	1	
Fractured cranium	2	1		1
Fractured spine	2			2
Fractured ribs	4	3	1	
Fractured jaw	2	2		
Fractured clavicle	9	9		
Fractured arm	27	25	1	1

	Number	Cured	Relieved or by request	Died
Fractured fingers	1		1	
Fractured sternum	2	2		
Fractured scapula	1	1		
Fractured toes	1	1		
Compound fractured thigh	1			1
Un-united fracture	1		1	
Total,	98	84	6	8
1832.				
Fractured thigh	8	7		1
Fractured leg	24	18	1	5
Fractured patella	1	1		
Fractured cranium	5	2	1	2
Fractured ribs	3	3		
Fractured clavicle	9	9		
Fractured arm	19	16	2	1
Fractured sternum	1	1		
Fractured pelvis (comp.)	1			1
Total,	71	57	4	10
1833.				
Fractured thigh	14	12		2
Fractured leg	31	26	1	4
Fractured patella	1	1		
Fractured cranium	8	2		6
Fractured ribs	4	2		2
Fractured jaw	2	1		1
Fractured clavicle	8	8		
Fractured arm	20	18	1	1
Fractured sternum	1			1
Fractured scapula	1	1		
Fractured nose	1	1		
Compound fractured thigh	1			1
Un-united fractures	2	1	1	
Total,	94	73	3	18
1834.				
Fractured thigh	10	8	1	1
Fractured leg	36	31	1	4
Fractured patella	3	3		
Fractured cranium	9	4	1	4
Fractured ribs	5	4		1
Fractured jaw	2	2		
Fractured clavicle	10	8	1	1
Fractured arm	20	17	2	1
Fractured finger	1	1		
Fractured scapula	1			1
Fractured toes	1	1		
Fracture (?)	1	1		
Compound fractured thigh	1			1
Un-united fracture	3	3		
Total,	103	83	6	14
1835.				
Fractured thigh	16	12	1	3
Fractured leg	32	26		6
Fractured patella	4	4		
Fractured cranium	2	1		1
Fractured ribs	11	10		1
Fractured jaw	8	4	1	3
Fractured clavicle	9	9		
Fractured arm	27	22	3	2
Fractured finger	1	1		
Fractured scapula	1	1		
Fractured toes	1		1	
Fractured spine	1			1
Fractured pelvis	1	1		
Compound fractured thigh	2			2
Un-united fractures	2			2
Fracture	1	1		
Total,	119	92	6	21
1836.				
Fractured thigh	9	8	1	
Fractured leg	27	20	2	5
Fractured cranium	1			1
Fractured ribs	3	3		
Fractured jaw	3	2		1
Fractured clavicle	8	5	3	
Fractured arm	36	32	2	2
Fractured scapula	1	1		
Fractured spine	1		1	
Fractured toes	2	2		
Fractured finger	2	2		
Compound fractured thigh	2			2
Compound fractured knee	1			1
Un-united fracture	1	1		
Total,	97	76	9	12
1837.				
Fractured thigh	6	3	3	
Fractured leg	35	28	2	5
Fractured cranium	5	1		4
Fractured ribs	2	2		
Fractured jaw	1	1		
Fractured clavicle	7	7		
Fractured arm	28	23	4	1
Fractured finger	1	1		
Fractured spine	1			1
Fractured scapula	1	1		
Fractured nose	2	2		
Fractured pelvis	2	2		
Compound fractured thigh	3	2		1
Un-united fracture	1	1		
Total,	95	74	9	12

	Number	Cured	Relieved or by request	Died
1838.				
Fractured thigh	13	9	1	3
Fractured leg	34	26	3	5
Fractured cranium	7	1		6
Fractured spine	1			1
Fractured ribs	6	5	1	
Fractured jaw	1			1
Fractured clavicle	6	6		
Fractured arm	24	20	3	1
Fractured finger	2	2		
Fractured scapula	4	3	1	
Fractured toes	2	2		
Fractured os calcis	1			1
Fractured knee (comp.)	1	1		
Un-united fracture	1	1		
Total,	103	76	9	18
1839.				
Fractured thigh	12	6	1	5
Fractured leg	28	24	1	3
Fractured cranium	4			4
Fractured ribs	4	3		1
Fractured spine	1			1
Fractured sternum	1	1		
Fractured clavicle	8	7		1
Fractured arm	22	18	3	1
Fractured patella	2	1	1	
Fractured toes	1		1	
Fractured ilium	2	2		
Fractured elbow	2	1		1
Fractured foot	3	3		
Compound fractured thigh	5	2	1	2
Un-united fractures	2	2		
Total,	97	70	8	19

General Summary of the Fractures treated during ten years.

Years	Whole number	Cured	Relieved or by request	Died	No. amp.
1830	82	72	4	5	1
1831	99	85	6	8	2
1832	71	57	4	10	3
1833	94	73	3	18	5
1834	103	83	6	14	1
1835	119	92	6	21	2
1836	96	76	9	12	4
1837	95	74	9	12	1
1838	103	76	9	18	4
1839	97	70	8	19	8
Total,	959	758	64	137	31
Whole No.	147.		35		

The relative frequency of fractures will be seen in the following table.

	Number	Cured	Relieved or by request	Died	Amputations
Fractured thigh	118	92	9	17	2
Fractured leg	283	241	11	41	14
Fractured cranium	46	14	2	30	
Fractured patella	16	14	2		
Fractured spine	8		1	7	
Fractured sternum	5	4		1	
Fractured clavicle	84	75	7	2	
Fractured arm	250	216	22	12	9
Fractured fingers	9	8	1		
Fractured scapula	10	8	1	1	
Fractured elbow	2	1		1	
Fractured nose	3	3			
Fractured jaw	19	12	1	6	
Fractured pelvis	5	5			
Fractured foot	12	10	2		4
Fractured ribs	46	39	2	5	
Fracture	2	2			
Comp. fractured pelvis	1			1	
Comp. fractured knee	2	1		1	2
Comp. fractured thigh	15	4	1	10	
	946	749	62	135	31
Un-united fractures	13	9	2	2	
Total,	959	758	64	137	31

Of the thirty-one amputations performed in cases of fracture, twenty-two were cured and nine died. The details of these have already been given in our statistical account of the amputations made in the hospital, during the years comprised in this report, in the numbers of the American Journal for August, 1838, and May, 1840.

No instance of artificial joint followed the treatment for fracture during the ten years included in the report. All the cases observed there during that period having been sent to the institution from distant parts. Of the thirteen cases that were received, nine were cured, two died, one was benefitted, and one left the house a day or two after entrance without undergoing any treatment for it. Of the fractures included in the above tables, many were compound, and many complicated by other serious injuries.

Table of the Dislocations treated during ten years.

	Number	Cured	Relieved or by requst	Died
1830.				
Dislocated shoulder	3	2	1	

	Number	Cured	Relieved or by request	Died
Fractured fingers	1		1	
Fractured sternum	2	2		
Fractured scapula	1	1		
Fractured toes	1	1		
Compound fractured thigh	1			1
Un-united fracture	1		1	
Total,	98	84	6	8
1832.				
Fractured thigh	8	7		1
Fractured leg	24	18	1	5
Fractured patella	1	1		
Fractured cranium	5	2	1	2
Fractured ribs	3	3		
Fractured clavicle	9	9		
Fractured arm	19	16	2	1
Fractured sternum	1	1		
Fractured pelvis (comp.)	1			1
Total,	71	57	4	10
1833.				
Fractured thigh	14	12		2
Fractured leg	31	26	1	4
Fractured patella	1	1		
Fractured cranium	8	2		6
Fractured ribs	4	2		2
Fractured jaw	2	1		1
Fractured clavicle	8	8		
Fractured arm	20	18	1	1
Fractured sternum	1			1
Fractured scapula	1	1		
Fractured nose	1	1		
Compound fractured thigh	1			1
Un-united fractures	2	1	1	
Total,	94	73	3	18
1834.				
Fractured thigh	10	8	1	1
Fractured leg	36	31	1	4
Fractured patella	3	3		
Fractured cranium	9	4	1	4
Fractured ribs	5	4		1
Fractured jaw	2	2		
Fractured clavicle	10	8	1	1
Fractured arm	20	17	2	1
Fractured finger	1	1		
Fractured scapula	1			1
Fractured toes	1	1		
Fracture (?)	1	1		
Compound fractured thigh	1			1
Un-united fracture	3	3		
Total,	103	83	6	14
1835.				
Fractured thigh	16	12	1	3
Fractured leg	32	26		6
Fractured patella	4	4		
Fractured cranium	2	1		1
Fractured ribs	11	10		1
Fractured jaw	8	4	1	3
Fractured clavicle	9	9		
Fractured arm	27	22	3	2
Fractured finger	1	1		
Fractured scapula	1	1		
Fractured toes	1		1	
Fractured spine	1			1
Fractured pelvis	1	1		
Compound fractured thigh	2			2
Un-united fractures	2			2
Fracture	1	1		
Total,	119	92	6	21
1836.				
Fractured thigh	9	8	1	
Fractured leg	27	20	2	5
Fractured cranium	1			1
Fractured ribs	3	3		
Fractured jaw	3	2		1
Fractured clavicle	8	5	3	
Fractured arm	36	32	2	2
Fractured scapula	1	1		
Fractured spine	1		1	
Fractured toes	2	2		
Fractured finger	2	2		
Compound fractured thigh	2			2
Compound fractured knee	1			1
Un-united fracture	1	1		
Total,	97	76	9	12
1837.				
Fractured thigh	6	3	3	
Fractured leg	35	28	2	5
Fractured cranium	5	1		4
Fractured ribs	2	2		
Fractured jaw	1	1		
Fractured clavicle	7	7		
Fractured arm	28	23	4	1
Fractured finger	1	1		
Fractured spine	1			1
Fractured scapula	1	1		
Fractured nose	2	2		
Fractured pelvis	2	2		
Compound fractured thigh	3	2		1
Un-united fracture	1	1		
Total,	95	74	9	12

	Number	Cured	Relieved or by request	Died
1838.				
Fractured thigh	13	9	1	3
Fractured leg	34	26	3	5
Fractured cranium	7	1		6
Fractured spine	1			1
Fractured ribs	6	5	1	
Fractured jaw	1			1
Fractured clavicle	6	6		
Fractured arm	24	20	3	1
Fractured finger	2	2		
Fractured scapula	4	3	1	
Fractured toes	2	2		
Fractured os calcis	1			1
Fractured knee (comp.)	1	1		
Un-united fracture	1	1		
Total,	103	76	9	18
1839.				
Fractured thigh	12	6	1	5
Fractured leg	28	24	1	3
Fractured cranium	4			4
Fractured ribs	4	3		1
Fractured spine	1			1
Fractured sternum	1	1		
Fractured clavicle	8	7		1
Fractured arm	22	18	3	1
Fractured patella	2	1	1	
Fractured toes	1		1	
Fractured ilium	2	2		
Fractured elbow	2	1		1
Fractured foot	3	3		
Compound fractured thigh	5	2	1	2
Un-united fractures	2	2		
Total,	97	70	8	19

General Summary of the Fractures treated during ten years.

Years	Whole number	Cured	Relieved or by request	Died	No. amp.
1830	82	72	4	5	1
1831	99	85	6	8	2
1832	71	57	4	10	3
1833	94	73	3	18	5
1834	103	83	6	14	1
1835	119	92	6	21	2
1836	96	76	9	12	4
1837	95	74	9	12	1
1838	103	76	9	18	4
1839	97	70	8	19	8
Total,	959	758	64	137	31
Whole No.	147.		35		

The relative frequency of fractures will be seen in the following table.

	Number	Cured	Relieved or by request	Died	Amputations
Fractured thigh	118	92	9	17	2
Fractured leg	283	241	11	41	14
Fractured cranium	46	14	2	30	
Fractured patella	16	14	2		
Fractured spine	8		1	7	
Fractured sternum	5	4		1	
Fractured clavicle	84	75	7	2	
Fractured arm	250	216	22	12	9
Fractured fingers	9	8	1		
Fractured scapula	10	8	1	1	
Fractured elbow	2	1		1	
Fractured nose	3	3			
Fractured jaw	19	12	1	6	
Fractured pelvis	5	5			
Fractured foot	12	10	2		4
Fractured ribs	46	39	2	5	
Fracture	2	2			
Comp. fractured pelvis	1			1	
Comp. fractured knee	2	1		1	2
Comp. fractured thigh	15	4	1	10	
	946	749	62	135	31
Un-united fractures	13	9	2	2	
Total,	959	758	64	137	31

Of the thirty-one amputations performed in cases of fracture, twenty-two were cured and nine died. The details of these have already been given in our statistical account of the amputations made in the hospital, during the years comprised in this report, in the numbers of the American Journal for August, 1838, and May, 1840.

No instance of artificial joint followed the treatment for fracture during the ten years included in the report. All the cases observed there during that period having been sent to the institution from distant parts. Of the thirteen cases that were received, nine were cured, two died, one was benefitted, and one left the house a day or two after entrance without undergoing any treatment for it. Of the fractures included in the above tables, many were compound, and many complicated by other serious injuries.

Table of the Dislocations treated during ten years.

	Number	Cured	Relieved or by requst	Died
1830.				
Dislocated shoulder	3	2	1	

	Number	Cured	Relieved or by request	Died
1831.				
Dislocated shoulder	3	2		1
Dislocated hip	4	4		
Dislocated astragalus	1			1
Dislocated cervical vertebræ	1			1
Dislocation and fracture	1	1		
1832.				
Dislocated shoulder	3	3		
Dislocated hip	2	2		
Dislocated jaw	1	1		
Comp. dislocated thumb	1		1	
1833.				
Dislocated shoulder	4	4		
Dislocated hip	1		1	
Dislocated wrist	1	1		
1834.				
Dislocated shoulder	6	6		
Dislocated hip	1	1		
Dislocated ankle	1			1
Dislocated wrist	2	2		
Dislocation	1		1	
1835.				
Dislocated shoulder	7	7		
Dislocated hip	2	2		
Dislocated ankle	1	1		
Dislocated elbow	3	3		
1836.				
Dislocated shoulder	6	5	1	
Dislocated hip	3	1	1	1
Dislocated elbow	2	2		
Dislocated clavicle	1	1		
Dislocation and laceration	1			1
1837.				
Dislocated shoulder	6	6		
Dislocated hip	1		1	
Dislocated clavicle	1	1		
Comp. dislocated thumb	1	1		
1838.				
Dislocated shoulder	7	7		
Dislocated hip	2	2		
Dislocated radius	1	1		
1839.				
Dislocated shoulder	4	3	1	
Dislocated hip	1	1		
Dislocated jaw	1	1		
Dislocated clavicle	1	1		
Dislocated elbow	2	2		
Dislocated wrist	1	1		
Dislocated finger	1	1		
Dislocated great toe	1	1		
Total,	94	80	8	6

General Summary of the Dislocations treated during ten years.

	Number	Cured	Relieved or by request	Died
Dislocated shoulder	49	45	3	1
Dislocated hip	17	13	3	1
Dislocated astragalus	1			1
Dislocated cervical vertebræ	1			1
Dislocated jaw	2	2		
Dislocated ankle	2	1		1
Dislocated elbow	7	7		
Dislocated wrist	4	4		
Dislocated clavicle	3	3		
Dislocated radius	1	1		
Dislocated finger	1	1		
Dislocated great toe	1	1		
Comp. dislocated thumb	2	1	1	
Dislocation and laceration	1			1
Dislocation and fracture	1	1		
Dislocation	1		1	
Total,	94	80	8	6

A valuable statistical account of the fractures treated in the Pennsylvania Hospitial from its foundation, by Dr. Wallace, is to be found in the second number of the first volume of the Examiner.

Case of Retention of Urine, proving fatal from extravasation and sloughing.—James Bulkley, aged 38 years, a seaman, native of Connecticut, of intemperate habits, was admitted August 14th, with extravasation of urine. The particulars of his case were as follows:—For three months past, he had been at home without employment, and after drinking to excess the last two weeks, he was confined to his bed with vomiting and purging; four days previous to his admission, he was unable to pass his urine, suffering at the same time from severe pain in the lower part of his abdomen and frequent desire to make water, which only flowed in drops. After attempting to relieve him with poultices and flax-seed tea, his wife became alarmed at the swelling and redness that appeared about the genital organs, and called in a physician the day before his reception, who drew off a large quantity of urine, and apprizing her of his dangerous condition, advised sending him to the hospital. For several years he had passed his urine in a small stream, which he attributed to previous gonorrhœa. The expression of his countenance, when admitted, was bad. Respiration hurried and laboured, and his pulse frequent and small; the tongue dry and coated with a yellowish brown fur. The abdomen below the umbilicus was swollen, very tense and tender to the touch. The swelling obviously depended on thickening and infiltration of the subcutaneous tissues

as well as distension of the bladder, which from percussion appeared to extend to within a hand's breadth of the umbilicus. The scrotum and penis as well as the pubes participate in the swelling, and are of a deep red and shining appearance. The tension and hardness are most marked on the pubes and scrotum. The prepuce is infiltrated, transparent, and hides the glans. Erysipelatous redness extends upwards over the flanks towards the back. The perineum, though somewhat swollen, is soft and not painful. Attempts to introduce a silver catheter were unsuccessful, but a small gum elastic bougie, without a wire, passed into the bladder easily. The urine at first flowed in drops, but afterwards more freely, till more than a pint was discharged with evident relief to the patient. A deep incision five inches in length was then made on the left side over the pubes to the scrotum, another upon the same side of the scrotum, from where it joins the thigh down to the raphe at its inferior part. These incisions opened into an extensive deposit of urine that had undermined the integuments around the root of the penis, and along the left side of the urethra as far back as the rectum. This being discovered, the incision of the scrotum was continued backward along the perineum to within an inch of the sphincter. Considerable urine flowed from the incisions, and about six or eight ounces of blood. Three or four ligatures were required, and cloths wet in iced water applied for some time, after which emollient poultices were substituted, and an anodyne draught directed with a liberal allowance of wine whey through the night.

No improvement followed. Sloughing progressed, and the urine escaped from the wound. His bowels continued worse, and the pulse over one hundred. Stimulants and anodynes were given freely, and yeast poultices applied to the sloughing parts. He died August 18th.

Post-mortem Examination.—The incisions about the pubes were of a foul appearance, and discharged an offensive dark sanies. Pus was infiltrated into the sub-cutaneous cellular and adipose tissues, extending upwards to within a hand's-breadth of the umbilicus, and along Poupart's ligament nearly to its outer extremity; it was most abundant near the pubes, where the tissues were of a dark olive colour, and in a sloughing condition. The intestines were healthy in appearance, and distended with flatus; there was no effusion in the cavity of the peritoneum. The bladder was empty and contracted. The membranous portion of the urethra was destroyed; but, anterior to it, the canal was entire, though the skin covering it was undermined from within an inch and a half of the meatus to the root of the penis. A large cavity was found in the right ischio-rectal fossa that communicated with the urinary deposits of the left side by a passage opposite to the membranous portion of the urethra. On the left side of the prostate gland was a small cavity communicating with the general one, and with the urethra, by a distinct opening in its prostatic portion on the same side. The walls of these cavities, with which the urine had been in contact, were of a dark greenish and purple colour, softened and sloughy. The mucous coat of the bladder, at its fundus, appeared to be gone, and the exposed muscular fibres stood out in relief, and were much developed. The tissues of the bladder, generally, were much thickened. The cœcum, and about two feet of the adjoining ileum, as well as the descending colon, were examined, and presented nothing worthy of notice.—*New York Journal of Medicine and Surgery.*

Smallpox.—Scars prevented by the application of Mercurial Plaster.—Some years ago, M. Serres at La Pitié, introduced the practice of covering the face of patients with smallpox, with the mercurial plaster of Vigo. Other physicians have since employed the same means with success, and lately M. Chomel of Hotel Dieu, Paris, has repeatedly employed it with the same result. The eruption was modified in all those parts of the body to which the plaster was applied—it was not accompanied by the red areola which surrounds the pustules—the face was less swollen and tense than is common. M. Serres has proved by repeated experiments that other local applications, as the diachylon, gum arabic in water, &c., exert no influence on the eruption. The following cases in M. Chomel's practice will further illustrate this important subject.

Case 1.—A young girl, æt. 19, entered the ward St. Augustine. She had been vaccinated, but, as she says, unsuccessfully. The eruption was preceded by the ordinary symptoms, lassitude, pain in the back, vomiting, &c., it is semi-confluent. A mask formed of the plaster of Vigo was applied to the face on the second day of the eruption: twenty-four hours afterwards, the patient tore it off; but notwithstanding the short length of time that it was applied, it produced a remarkable effect. In fact, on the neck, the breast, and every other part of the body, the pustules were developed with all their characteristic marks, they were opake, depressed in the centre, and surrounded by a bright red areola. On the face, the progress of the disease was quite different, and instead of pustules there were only accuminated vesicles and solid papulæ. On certain points, where the plaster had not adhered, there were small pustules, but no where else. A simple inspection of this case is enough to convince any one that the mercurial plaster exerted a beneficial and specific local influence, and that the patient will not be pock-marked.

Case 2.—In the same ward, is a patient now convalescent, who has been subjected to the same treatment. Desquamation has followed its usual course in every part of the body except the face, where crusts did not form, ex-

cept at certain points, where pustules had existed and where the plaster had become puckered.

Case 3.—In this case, the patient was five and a half months advanced in pregnancy. The application of the plaster checked the progress of the eruption upon the face, where it was only marked by the appearance of small whitish papulæ. Scabbing did not occur, except about the lips and eyelids, where pustules appeared and where the plaster was not applied.—*Ibid., from Gas. des Hôpitaux.*

HEALTH OF THE CITY.

INTERMENTS *in the City and Liberties of Philadelphia, from the* 10*th to the* 17*th of April*, 1841.

Diseases.	Adults.	Children.	Diseases.	Adults.	Children.
Abscess of lungs,	1	0	*Brought forward*,	36	41
Apoplexy,	2	0	Mania a Potu,	1	0
Cancer of stomach,	1	0	Neuralgia,	1	0
Croup,	0	2	Old age,	1	0
Consumption of the lungs,	15	2	Palsy,	1	0
Convulsions,	1	5	Scrofula,	1	0
Coxalgia,	0	1	Small pox,	0	3
Dropsy,	0	1	Still-born,	0	4
—— head,	0	3	Suicide,	1	0
—— uterus,	0	1	Spitting of blood,	1	0
Debility,	0	4	Tabes mesenterica,	0	3
Epilepsy,	1	0	Unknown,	4	0
Erysipelas,	0	2	Total,	98	47 51
Enlargement of the heart,	2	0			
Fever,	0	2			
—— congestive,	1	0			
—— typhoid,	3	0			
—— puerperal,	1	0			
Inflammation of the brain,	0	1			
—— bronchi,	1	3			
—— lungs,	4	3			
—— pleura,	1	1			
—— peritonæum,	1	1			
Marasmus,	0	3			
Measles,	0	6			
Mortification,	1	0			
Carried forward,	36	41			

Of the above, there were under 1 year 25

From	1	to 2	5
	2	to 5	12
	5	to 10	6
	10	to 15	1
	15	to 20	2
	20	to 30	13
	30	to 40	15
	40	to 50	4
	50	to 60	4
	60	to 70	6
	70	to 80	3
	80	to 90	1

Total, 98

Weekly Report of Interments in the City and County of New York, from the 3*d to the* 10*th of April*, 1841.—Diseases: Apoplexy, 1; aneurism, 1; abscess, 1; bleeding from lungs, 2; casualties, 4; cancer, 1; consumption, 27; convulsions, 12; croup or hives, 1; delirium tremens, 2; dropsy, 4; dropsy in the head, 3; dropsy in the chest, 2; drowned, 1; erysipelas, 1; fever, 2; do. scarlet, 4; do. typhoid, 3; do. remittent, 2; intemperance, 1; inflammation of throat, 1; do. of brain, 4; do. of chest, 3; do. of lungs, 12; do. of bowels, 6; do. of stomach, 2; jaundice, 1; marasmus, 8; measles, 3; old age, 1; palsy, 1; small pox, 5; unknown, 1; ulcers, 2; whooping cough, 1.

Ages—Of 1 year and under, 14; between 1 and 2, 14; 2 and 5, 20; 5 and 10, 5; 10 and 20, 7; 20 and 30, 20; 30 and 40, 16; 40 and 50, 10; 50 and 60, 9; 60 and 70, 7; 70 and 80, 2; 80 and 90, 1.

39 men—28 women—37 boys—25 girls. Total, 129.

Weekly Report of Interments in the City and County of New York, from the 10*th to the* 17*th of April*, 1841.—Apoplexy 3; Aneurism 1; Asphyxy 5; Abscess 1; Bleeding 1; Bleeding from lungs 1; Cholera Morbus 1; Cancer 2; Consumption 29; Convulsions 5; Croup or Hives 1; Delirium tremens 3; Dropsy 1; Dropsy in the head 11; Drowned 2; Dysentery 1; Erysipelas 6; Epilepsy 1; Fever, scarlet 5; do. typhoid 3; do. puerperal 1; do. remittent 2; do. bilious 1; Gout 1; Hip disease 1; Intemperance 1; Inflammation of womb 2; do. of brain 4; do. of liver 1; do. of chest 3; do. of lungs 18; do. of bowels 3; Killed or murdered 1; Marasmus 7; Measles 2; Old age 2; Organic disease of the heart 2; Palsy 2; Scirrhus 1; Sprue 1; Small Pox 6; Scrofula 1; Teething 2; Unknown 1; Worms 1.

Ages—Of 1 year and under 33; between 1 and 2, 20; 2 and 5 19; 5 and 10, 10; 10 and 20, 2; 20 and 30, 28; 30 and 40, 14; 40 and 50, 16; 50 and 60, 10; 60 and 70, 2; 70 and 80, 8; 80 and 90, 4.

44 men—35 women—53 boys—31 girls. Total, 153.

Blepharoplastic operations for the restoration of the lower Eyelid, by J. MASON WARREN, M. D.—The well-known difficulty of remedying the everted state of the eyelid following severe burns and other accidents attended by a destruction of the integuments, has caused a great number of operations to be proposed for its relief.

The method of Dzondi, which has been most generally in use, and which consists in making an incision into the cicatrix, and by maintaining the lips of the wound separate and applying stimulating applications, to induce a full growth of granulations, and thus by a broader cicatrix to remedy the deformity, has altogether failed to produce the desired effect, the eversion almost invariably re-appearing on the healing of the wound.

Within a few years, since the introduction of the autoplastic methods for the restoration of lost parts, the transplantation of cutaneous flaps for supporting the remains of the everted eyelid, has been followed by complete success. The comparative novelty of the operation in this country has led to the publication of the following cases.

CASE I. The subject of the first case was a boy, 12 years of age, from Weymouth, Mass.

When an infant, through the carelessness of his nurse, he was dropped into the fire. The consequence was an extensive burn of the left side of the face, and a partial destruction of the lower eyelid. As the wound in the cheek cicatrized, the remains of the lid were completely everted, and the tarsal cartilage with its ciliæ firmly bound down on a level with the lower edge of the orbit.

The effect of this state of things was a constant epiphora, none of the tears apparently following their natural channels, but running over the cheek and exciting much irritation of the integuments. From the long exposed state of the conjunctiva, this texture had become considerably thickened, presenting almost the appearance of epidermis, and the cornea, from the constant exposure to air, owing to the impossibility of closing the lids, presented an opacity which was daily increasing, and threatened the destruction of vision. Under these circumstances the following operation was performed on the 12th of June—Dr. Hooper, Dr. Salisbury, Dr. Dale, and some other medical gentlemen, being present.

An incision, about an inch and a half in length, was made parallel with the commissure of the eyelids, and about two lines below the palpebral margin, and after a careful dissection, the remains of the eyelid were separated from the edge of the orbit. The dissection was then continued upwards between the tarsal cartilage and the conjunctiva, and the connections so far destroyed as to allow the lid to be restored to its natural position. The thickened and diseased subcutaneous cellular membrane, which might interfere with a proper adhesion of the flap to be transplanted, was then completely removed.

By the separation of the edges of the skin, a large oval-shaped wound now presented, and this was to be filled by a portion of skin taken from a neighboring part. To effect this, an incision was commenced from the outer angle of the wound, and carried, in a semicircular direction, over the temple, at which point, under the hair, was the only portion of sound skin which had not suffered from the effects of the burn; an oval flap was here dissected out, about one-third larger in size than was required, and having fully retracted, was twisted round and maintained in its situation by means of a number of points of the interrupted suture, and a slight pressure exercised upon it with a roller bandage. Before terminating the operation the thickened conjunctiva, which formed a considerable projection beneath the lid, so as to prevent its perfect application to the eyeball, was raised up and entirely removed.

The termination of this case was quite successful. At the end of four days the dressings were removed, and the adhesion of the flap was almost complete—a slight suppuration only, at its inner angle, having occurred. The parts were all considerably swollen. At the end of a week, the pedicle which connected the newly transplanted flap to the neighboring parts was divided, and bled freely, showing a free vascular connection. The patient was sufficiently well in a month to return home.

I saw him about three months after the operation, and he gave the following account of himself.

He was able to close the eye perfectly, and the tears had returned to their proper channels. The newly-formed lid seemed to fulfil all its functions, and there was no disposition in it to become everted. On an examination of the cornea, it was found that the opacity had so far disappeared as to be scarcely perceptible. The only circumstance which required a remedy, was a disposition in the new lid to stand out from the eyeball, as if from a swollen state of the conjunctiva; this was remedied by the repeated application of a pencil dipped in sulphuric acid, so as to destroy a narrow strip of the conjunctiva. The transplanted skin at first formed a considerable protrusion, but is gradually settling down to the level of the surrounding integuments.

Case II. The second case was a young lady, 19 years old. The accident which produced the deformity was very similar to the preceding one—she having been allowed to fall into the fire when an infant, and being very badly burned in the face. From this resulted a very extensive cicatrix, affecting nearly the whole skin of the face, and in some parts implicating the subcutaneous textures. The left eyelid was drawn down and everted at its external angle, leaving the eyeball exposed at that point. From the destruction of the integuments of the cheek, the left angle of the mouth was drawn upward in a direction to meet the external angle of the eye—there being about an inch and a half distance between the two. A large, firm band of indurated and thickened integument extended from the forehead perpendicularly across the bridge of the nose. The external edge of the right eye was also slightly drawn downward by a cicatrix, but the cheek of this side having partially escaped the effects of the burn, there was no eversion of the eyelid. The following operation was planned and executed on the 7th of November, in the presence of Dr. Coates of Philadelphia, Dr. Bethune, and Dr. Warren, Sen.

An incision, two inches in length, commencing on the cheek, midway between the eye and upper lip, was carried with a semicircular sweep in a direction upward and outward towards the ear, its convexity being downward. The skin was then dissected up both above and below, so as to relieve the traction of the integuments in either direction, and on this being accomplished, no difficulty was experienced in restoring the eyelid and angle of the mouth to their natural positions.

From the separation of its lips, the wound

on the cheek now gaped widely open, being an inch in the perpendicular, and two inches in the transverse diameter, and this was to be filled up by borrowed integuments. The effects of the burn having penetrated into the muscular substance, it was necessary first to remove all the indurated substance covering the floor of the wound, which was not done without considerable suffering to the patient, this new-formed texture possessing, apparently, a high degree of sensibility. A large oval-shaped flap, one-third larger than was absolutely necessary to fill the wound, was now dissected from the temple, twisted round, and without difficulty adjusted, and secured in its new situation by means of sutures, as in the preceding case. The wound on the temple was drawn together by sutures, and in a direction to favor the transplanted skin in remedying the deformity.

The unseemly cicatrix on the bridge of the nose was now completely dissected out. The vessels which were divided during the operation were allowed to bleed until they ceased voluntarily, it being desirable to avoid ligatures. The wound was dressed with graduated compresses and secured by a roller bandage. The patient was requested to keep perfectly quiet, and not to attempt to use her voice. Notwithstanding these injunctions, she was led to talk considerably during the afternoon, which brought on a slight hæmorrhage, not sufficient to cause much trouble at the time, but which, it was subsequently discovered, had partially prevented the union of the transplanted flap.

But little constitutional irritation followed the operation. On the fourth day the bandage was removed, and two thirds of the flap was found to have united; the inner portion towards the nose was raised up by a coagulum of blood, and the union at this point, of course, defeated. The wound on the temple had, in a great measure, united by the first intention. On the sixth day the ligatures were all removed, and the inner portion of the flap, which showed a disposition to slough, was cut away—the wound, at this point, where, fortunately, the support was least required, being allowed to heal by the second intention.

At the end of six weeks the wounds had all healed, and the patient returned home, greatly improved by the operation. There seemed to be no disposition in the eyelid to become everted, and its functions were well performed. The mouth was also restored to nearly its natural appearance. The facial expression was greatly improved by the removal of the unsightly band which projected out over the bridge of the nose.—*Boston Med. and Surgical Journal.*

FOREIGN.

Memoir of Sir Astley P. Cooper, Bart.—Died, on the 12th Feb., in Conduit street, in his 73d year Sir Astley Paston Cooper, Bart., G. C. H., D. C. L., F. R. S., Sergeant Surgeon to the Queen. Sir Astley Cooper was the fourth son of Dr. Samuel Cooper, Rector of Great Yarmouth, Norfolk, and was born at Brooke, in the same county, August 23d, 1768. His mother, Susanna, was sprung from the ancient family of the Pastons, but was the daughter of James Bransby, Esq., of Shottisham, Norfolk, and was the authoress of a novel entitled *The Exemplary Mother.* In boyhood, Sir Astley is stated to have shown a bold and enterprising spirit, conjoined with a social disposition, and remarkable decision of character for so early an age: so truly

> "The childhood shows the man,
> As morning shows the day."

He received the common rudiments of his education from the village schoolmaster, Robert Larke; but his classical knowledge was derived from the instruction of his father, a good scholar, and the Rev. Joseph Harrison. At the age of fifteen, Sir Astley was placed with Mr. Turner, a surgeon and apothecary at Yarmouth, and was thus introduced to that profession of which he eventually became the brighest ornament. He, however, remained at Yarmouth but a few months, when he came to London, and was apprenticed to his uncle, Mr. William Cooper, one of the surgeons of Guy's Hospital; but with him he only remained three months, being then transferred, by his own desire, to Mr. Clive, the eminent surgeon of St. Thomas's Hospital. Sir Astley's labours in the dissecting-room were incessant—his attendance at the hospital, his examination of accidents, not less constant; and by this early zeal, united to his sound anatomical information, may be attributed the superiority he justly acquired in forming a diagnosis upon the nature of accidents, or disease. In after life, too, Sir Astley was wont to refer to this activity as an example of the habits of industry which he sought to impress upon thousands of pupils.

In 1787, Sir Astley visited Edinburgh for a short time; and though then scarcely of age, he honourably distinguished himself at the Royal Medical Society. Upon his return to London his master, Mr. Clive, appointed him demonstrator of anatomy, and soon after gave to him a part of the anatomical lectures. Sir Astley, also, with the consent of Mr. Clive and the other surgeons of St. Thomas's and Guy's Hospitals, gave a course of lectures on the principles and practice of surgery, which had previously only formed part of the anatomical course; and these lectures were really the foundation of his fame and fortune. It is true that this originality did not at first promise well, for his class consisted but of fifty students, though they eventually increased to four hundred, which was by far the largest number ever known in London. Of these lectures he gave a share to Mr. Travers, Mr. Henry Clive, and Mr. Joseph H. Green, consecutively. A little practice soon rendered him a

popular teacher. He made no attempts at oratory; but was plain and practical in his details, and very successful in his illustrations; and he carefully avoided the introduction of controversial subjects connected with physiological science. At the expiration of his apprenticeship, in 1791, Sir Astley commenced as a lecturer. At the close of this year he married the daughter of Thomas Cock, Esq., of Tottenham, a distant relation of Mr. Clive; and, to show how solicitous he was never to neglect the performance of any public professional duty, it may be told, that on the evening of his wedding-day he delivered his customary lecture, without any knowledge of his marriage having been communicated to his class.

In the year 1792, Sir Astley visited Paris, and made himself master of the theory and practice of French Surgery. He used to relate that on August 10, while attending an operation, the fire of cannon announced the attack of the revolutionary mob upon the Tuileries, when he immediately ran upon the Pont Neuf, whence he could see the Swiss guards firing from the palace windows upon the people below. To reach home, he had to pass through the streets near the Palais Royal, amidst the roar of cannon, the firing of muskets, women bewailing the loss of their relatives, and crowds of men carrying upon pikes the heads or limbs of their victims. He several times heard Brissot, Marat, and Robespierre address the legislative assembly, and was once at the Jacobin Club. In later days Sir Astley frequently visited Paris, and became acquainted with Dupuytren, the celebrated surgeon, by whom he was introduced to Louis Phillippe, the Duke of Orleans, who subsequently gave Sir Astley the Cross of the Legion of Honour. He was soon after made an honorary member of the National Institute.

Upon his return to London, in 1792, Sir Astley commenced practice in Jeffrey-square, St. Mary Axe, where he lived six years; thence he removed to New Broad street, where he remained until 1815; when, from the great extension of his practice among the circles of the aristocracy, he removed to Spring gardens, and subsequently to Conduit street. Sir Astley's practice was now at its zenith, and his annual receipt of fees far exceeded that of any one member of the profession. In one year, the last of his residence in Broad street, he received no less than 21,000*l.* For many years after, his annual receipt was 15,000*l.*, and upwards; his patients comprised all classes of society, and his attention was equally bestowed on the wealthy and the indigent.

In 1821, Sir Astley was created a baronet. He continued to lecture at St. Thomas's Hospital until 1826, the period of his lectureship having thus extended to thirty-five years. He was elected President of the Royal College of Surgeons for the years 1836 and 1837. He also delivered a course of Lectures on Comparative Anatomy at the College, of which he was likewise a member of the council and board of examiners.

In 1827, Sir Astley was appointed Sergeant Surgeon, which office he held at the time of his death. He was also surgeon to George IV; he attended William IV when he was first Lord of the Admiralty, and the Earl of Munster when he had a severe compound fracture of his leg. At the request of the Duke of Wellington, Sir Astley was made Grand Cross of the Guelphic Order. The University of Oxford conferred upon him the degree of Doctor of Civil Law; and numerous foreign academies eagerly enrolled his name among their members. He was likewise a fellow of the Royal Society, and of many scientific institutions in this country.

This accumulation of honours and fortune did not, however, induce Sir A. Cooper to relax in his practice, or in anatomical physiological inquiries—the results of which, to the astonishment of all acquainted with his daily labours, he had published upon a magnificent scale, but at a low price. The production of these works must have been very costly, for they abound with coloured engravings. But Sir Astley had a higher motive than pecuniary advantage in the publication of these works, namely: the mitigation of the sufferings of his fellow creatures. In his admirable, manly style, he said: "After having been for forty years placed in a situation of ample opportunity—after having been fostered by the profession and the public infinitely beyond my deserts, I feel that I only perform my duty in giving to my medical brethren, without any sordid views, the benefit of my experience." An excellent *precis* of these invaluable labours, extending to twenty-nine volumes, or important contributions, will be found in a memoir of Sir Astley Cooper, in Pettigrew's *Medical Portrait Gallery*, Parts V and VI; whence the preceding details have been chiefly derived. Sir Astley's first compositions appear to have been two contributions to a volume of Medical Researches, published in 1798; his last published work we believe to be the second part of *Illustrations of the Diseases of the Breast*, the first portion of which appeared in a handsome quarto volume, in 1829. Sir Astley Cooper, when most engaged in lectures and the practice of his profession, uniformly made it a rule to enter in his case book all the interesting operations and cases which he witnessed; and these books have been regularly preserved from 1800, with occasionally some prior to that period, as far back as 1784.

For some few years past Sir Astley Cooper had been anxious to relinquish a portion of his practice; but so eminent a practitioner could but ill be spared either by the public or the profession, and by all ranks of society his loss will be deeply lamented. Such retirement as Sir Astley could enjoy, he usually passed at a beautiful seat in the valley of the Gade, near

Hemel-Hempstead, in Hertfordshire, at a short distance from the London and Birmingham railway. Sir Astley had possessed this property for many years, and was otherwise a considerable landowner in the neighbourhood: here, as in public life, he was unsparing of his time or talents, for he was accessible by his neediest neighbour, and we believe that, for a long period, he was equally liberal to the poor of the metropolis. Sir Astley was much attached to farming pursuits, and at the period we have just referred to, he indicated personally none of the cares of professional study, but was, on the contrary, the *beau ideal* of a country gentleman.

Sir Astley Cooper's last illness was but of short duration. His fine athletic figure, and his known temperate and careful habits, probably, led his friends to regard him but as in green old age. It appears that on January 24, of the present year, from having taken a walk without any more than the ordinary precaution against the inclemency of the weather, Sir Astley was seized with difficulty of breathing, and pains about the chest. Dr. Bright and Mr. Bransby Cooper were in immediate attendance; but, notwithstanding the remedies administered, the disease continued to make further progress. On the Sunday following, Dr. Chambers was associated with the other medical attendants, and the report of the following day was much more favourable. This change was, however, but of short duration, and Sir Astley grew worse, until on Friday, the 12th February, when, somewhat suddenly, towards the termination, he sank.

By his marriage with Miss Cock, Sir Astley Cooper had only one daughter, who died at the early age of two years. Lady Cooper died in June, 1827; and in July, 1828, Sir Astley again entered the married state with Catherine, daughter of John Jones, Esq., of Derry Ormond, Cardiganshire; by whom he had no issue. The baronetcy, however, having been conferred with remainder, in default of male issue, to Astley Paston, the fourth son of his second brother, the Rev. S. L. Cooper, the title descends to that gentleman. Sir Astley is stated to have died worth upwards of half a million sterling. His museum is, perhaps, the most valuable private collection in Europe, and contains almost all the specimens which have furnished the magnificent illustrations of his published works. Of Sir Astley Cooper's professional life are related many interesting anecdotes, which alike bespeak his admirable nature and consummate skill; and, in all the relations of life, he is known to have presented a rare combination of the excellences of head and heart.

Kiestine.—M. Nauche has given this name to a particular product of a gelatino-albuminous nature, which is found in the urine of women, at the end of the first month of pregnancy. This principle is separated by repose alone, from the other matters of the urine. It is sufficient to place this fluid in a glass; at the end of several hours the kiestine shows itself upon the surface, under the form of points of oblong filaments, which unite in a layer a line in thickness. A portion of this layer is precipitated to the bottom of the vessel, and there forms a white deposit, of a milky appearance. Another remains upon the surface of the urine, contracts adhesions with the sides of the vessel, and is converted into a solid membraniform substance.

The kiesteine furnishes a positive means of detecting pregnancy, even at its commencement, when the woman is in health. In diseases with purulent secretion, in the different dropsies, diabetes, in children with worms, the urine is often covered with an albuminous, fatty, or saline layer, which has some resemblance to that observed in pregnancy, but with a little practice, they are distinguished at the first glance. The existence of these diseases ought, moreover, to put us upon our guard against all mistakes of this kind.

M. Nauche assures us, that he has frequently employed this method of determining pregnancy, in the case where it was far from being expected. He thinks that kiesteine is also found in animals under the same circumstances.

Emanuel Russeau has undertaken, at the Garden of Plants, experiments upon the same subject. He has found the same substance as M. Nauche in the urine of apes during gestation. He has in vain sought for it in those who were not fecund—or in the urine of males.

Journ. de Chemie Med..

NEW REMEDY.

Johnson's Syrup.—The patent granted to the inventor for five years having expired, this syrup has become public property. It consists of an ounce of syrup of liquorice, forty-six grains of the fresh juice of asparagus heads, and the same quantity of the syrup of mallow.

Poisoning in rabbits by large doses of Sulphate of Quinine. By M. Desiderio.—The author, in a paper written in Italian, makes known the results of nine experiments in which he gave rabbits the sulphate of quinine, either alone or united with other substances. In the two first experiments, forty grains given to adult animals produced death in less than five hours. A young rabbit was killed in six hours by fifteen grains. In the other experiments the author associated with the action of the sulphate of quinine, that of alcohol weakened with water of canella, that of distilled water of the *Laurus cerasus*, and, finally, that of opium.

Journ. de Chem. Med.